SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



03043854

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	CIND ALL	
	OMB Number:	3235-0076
	Expires:	May 31, 2005
	Estimated avera	ge burden
1	hours per respon	nse16.00

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SEC USE ONLY										
Prefix	Serial									
DATE	DATE RECEIVED									
1										

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  J.W. Childs Bermuda AIV One, L.P.	12746
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE NO PECEINED
A. BASIC IDENTIFICATION DATA	DEC 2 0 2003
1. Enter the information requested about the issuer	2003
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
J.W. Childs Bermuda AIV One, L.P.	155 (50)
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
111 Huntington Avenue, Boston, MA 02199	617-753-1400
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
To make equity investments in middle market businesses.	_
·	- CCCE
Type of Business Organization    corporation   Mimited partnership, already formed   other (p	lease specify): PROCESSE  DEC 3 0 2003
Actual or Estimated Date of Incorporation or Organization: O[6] O[3] X Actual	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities low or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously suppli- not be filed with the SEC.	t the name of the issuer and offering, any changes ed in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa JLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Se are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. This notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall The Appendix to the notice constitutes a part of
ATTENTION —	
Failure to tile notice in the appropriate states will not result in a loss of the federal exe appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	emption. Conversely, failure to file the s such exemption is predictated on the

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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### Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) J.W. Childs Bermuda Advisors III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Huntington Avenue, Boston, MA Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Childs, John W. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | Managing Partner Full Name (Last name first, if individual) Bock, Jr., John V. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Promoter General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Cannizzaro, Michael N. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Hopkins, Glenn A. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Promoter Check Box(es) that Apply: Beneficial Owner | Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Horn, Jerry D. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Beneficial Owner X Executive Officer Check Box(es) that Apply: Promoter General and/or Director Managing Partner Full Name (Last name first, if individual) Rudy, Raymond B. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Director General and/or Managing Partner Full Name (Last name first, if individual) Schmaltz, Dana L. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Huntington Avenue, Boston, MA Check Box(es) that Apply. Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Segal, Steven G. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Promoter ☐ Director Check Box(es) that Apply: Beneficial Owner | Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Suttin, Adam L. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Watts, William E. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or П Managing Partner Full Name (Last name first, if individual) Yun, Edward D. Business or Residence Address (Number and Street, City, State, Zip Code) Same as above. Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Director Beneficial Owner Executive Officer General and/or Managing Partner Foil Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

			(2) 4 3 5 5 °C		D.,	INCORMA	10/0-12/							Service
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No				
	Answer also in Appendix, Column 2, if filing under ULOE.									. 🛮	$\boxtimes$			
_										. 10	C 7 A			
2.	What is	s the minin	num investi	ment that v	vill be acco	epted from	any indivi	dual?		······································		. \$ <u>16</u>	674	
2	ъ					, ,,,						Yes	No	
3.			permit join									_	П	
4.			ition reques nilar remune		•			-		•		•		
			sted is an as											
	or state:	s, list the n	ame of the b	broker or d	ealer. If m	ore than fiv	e (5) perso	ns to be lis	ted are asso					
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										·	··			
Full			first, if ind	lividual)										
	N/A										<u> </u>			
Busi	iness or	Residence	Address (N	Number and	d Street, C	ity, State, 2	Zip Code)							
		i1 D	roker or De	-1				•	·					
IVAII	ie of As:	socialeu B	roker of De	алег										
State	es in Wh	nich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							<u> </u>
			s" or check									C7 A1	1 Ctotoo	
	Check	An state	s of check	individual	States)			•••••			•••••••		l States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]	
		IN	IA	KS	KY	LA	ME	$\overline{MD}$	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	NJ	NM	$N\bar{Y}$	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
		<u> </u>									·			
Full	Name (	Last name	first, if ind	ividual)										
Dysi		Decidence	A 4 4 O	N1	J S4 C	City Ctata	7:- Codo							
Dusi	ness or	Residence	Address (?	Number an	a Street, C	ny, State, .	Zip Code)							
Nam	e of Ass	ociated B	roker or De	aler							·	<del></del>		
State	s in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·						
	(Check	"All States	s" or check	individual	States)		******		•••••		.,		States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
		IN	LIA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	N)	NM)	NY	NC.	ND	OH	OK.	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full	Name (I	ast name	first, if indi	ividual)							<del></del>	<u> </u>		_
	,			,										
Busi	ness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)							_
Nam	e of Ass	ociated Br	oker or De	aler										_
										<u>-</u>				_
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers				***			
,	(Check '	'All States	or check	individual	States)				•••••	······································		☐ All	States	
1	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
Ī	RI	SC	[SD]	TN	TX	UT	VT	VA	WA	WV	WI	$\overline{\overline{WY}}$	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	\$	•
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	.=	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$75,000,000	\$ 47,036,21
	Other (Specify)		\$
	Total		\$ 47,036,21
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ <u>47,036,21</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	· .	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	· 	\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fces	X	\$ <u>50,000</u>
	Accounting Fees		\$ 2,500
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	<b>I</b>	\$52,500

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s 74,947,500
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to	
		Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	٦\$	□ <b>s</b>
	Purchase of real estate	•	
	Purchase, rental or leasing and installation of machinery and equipment	_	_
	Construction or leasing of plant buildings and facilities	•	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	J J	
	issuer pursuant to a merger)	7\$	<b>[]</b> \$
	Repayment of indebtedness	_	
	Working capital	-	
	Other (specify): To make equity investments in middle market businesses.	-	
		] \$	\$
	Column Totals	] \$ <u>74,947,5</u> 0	og s
	Total Payments Listed (column totals added)	S 74	1,947,500
	D FEDERALSIGNATURE		
sigi	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of References.	ion, upon written	
	10.8	ate	
• V	V. Childs Bermuda AIV One, L.P.	12/22/03	
Nai	ne of Signer (Print or Type) Title of Signer (Print or Type)		
Da	na L. Schmaltz Partner		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K						
	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is find (17 CFR 239.500) at such times as required by state law.	led a no	tice on Form						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the						
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha shorized person.	f by the	undersigned						
	Print or Type) Signature Date								
J.W. (	Childs Bermuda AIV One, L.P. 12/22/03								

Title (Print or Type)

Partner

E STATE SIGNATURE

# Instruction.

Name (Print or Type)
Dana L. Schmaltz

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3		4			1	5 lification
	to non-a	to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ate ULOE, attach atton of granted)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		Х	\$75,000,000	0	\$ 0	0	\$ 0		х
AK		Х	\$75,000,000	0	\$ 0	0 .	\$ 0	,	х
AZ		Х	\$75,000,000	1	\$16,674	0	\$ 0		Х
AR		Х	\$75,000,000	0	\$ 0	0	\$ 0		·X
CA		Х	\$75,000,000	7	\$671,085	0	\$ 0		Х
со		Х	\$75,000,000	0	\$ 0	0	\$ 0		х
СТ		Х	\$75,000,000	3	\$2,091,6	21 0	\$ 0		Х
DE		X	\$75,000,000	25 \$	22,850,0	15 0	\$ 0		Х
DC		Х	\$75,000,000	0	\$ 0	0	\$ 0		Х
FL		Х	\$75,000,000	1	\$333 <b>,</b> 459	0	\$ 0		Х
GA		Х	\$75,000,000	1 \$	1,667,29	5 0	\$ 0		Х
НІ		X	\$75,000,000	1 \$	83,365	0	\$ 0		Х
ID		Х	\$75,000,000	0 .	\$ 0	0	\$ 0		Х
IL		X	\$75,000,000	5 \$	2,429,08	1 0	\$ O		х
IN		Х	\$75,000,000	1 \$	2,917,16	5 0	\$ 0		х
lA		Х	\$75,000,000	0	\$ 0	0 .	\$ 0		Х
KS		Х	\$75,000,000	0	\$ 0	0	\$ 0		х
KY		X	\$75,000,000	0	\$ 0	0	\$ O		Х
LA		Х	\$75,000,000	0	\$ 0	0	\$ 0		х
ME		Х	\$75,000,000	1 \$	250,000	0	\$ 0		Х
MD		Х	\$75,000,000	1 \$	833,647	0	\$ O	·	Х
MA		Х	\$75,000,000	1 5	83,365	0	\$ 0		Х
MI		Х	\$75,000,000	1	2,084,11	9 0	\$ 0		х
MN		Х	\$75,000,000	·. 0	\$ 0	0	\$ 0		Х
MS		X	\$75,000,000	0	\$ 0	0	\$ 0		х

	T		T	T				T		
1	Intend to non-a investor	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
MT		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
NE		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
NV		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
NH		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
NJ		х	\$75,000,000	0	\$ 0	0	\$ 0		Х	
NM		X	\$75,000,000	0	\$ 0	. 0	\$ 0		Х	
NY		Х	\$75,000,000	2	\$7,086,0	01 0	\$ 0		Х	
NC		X	\$75,000,000	0	\$ 0	. 0	\$ 0		Х	
ND		Х	\$75,000,000	0	\$\$0	0	\$ 0		Х	
ОН		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
ок		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
OR		X	\$75,000,000	0	\$ 0	0	\$ 0		Х	
PA		Х	\$75,000,000	2 \$	1,167,10	6 0	\$ 0		Х	
RJ		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
SC		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
SD		Х	\$75,000,000	0	\$ 0	0	\$ 0		X	
TN		Х	\$75,000,000	0	\$ 0	0	\$ 0		Х	
TX	·	Х	\$75,000,000	3	2,472,12	3 0	\$ 0		Х	
UT		X	\$75,000,000	0	\$ 0	0	\$ 0		х	
VT		Х	\$75,000,000	0	\$ 0	. 0	\$ 0		Х	
VA		Х	\$75,000,000	0	\$ 0	0	\$ 0		Х	
WA		Х	\$75,000,000	0	\$ 0	. Θ	\$ 0		х	
WV		Х	\$75,000,000	0	\$ 0	0	\$ 0		х	
WI		X	\$75,000,000	0	\$ 0	0	\$ 0		х	

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and  amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		Х	\$75,000,000	0	\$ 0	0	\$ 0		Х
PR -		Х	\$75,000,000	0	\$ 0	0	\$ O	·	Х